

JACKSON COUNTY – 2024 BCBS NO CHANGE BENEFIT PLANS OVERVIEW

Blue Cross Blue Shield of Kansas City	HMO Plan Blue Care Network	PPO Plan Preferred-Care Blue Network	QHDHP HSA Plan Preferred-Care Blue Network	EPO Plan BlueSelect Plus Network	QHDHP HSA Plan + Spira Care BlueSelect Plus Network
	In-Network	In-Network	In-Network	In-Network	In-Network
Deductible Individual / Family	None	\$1,000 / \$2,000	\$3,200 / \$6,400	N/A	\$3,200 / \$6,400
Coinsurance (Member Pays)	N/A	20%	0%	0%	0%
Out-of-Pocket Maximum Individual / Family	\$3,500 / \$8,750	\$4,500 / \$9,000	\$3,200 / \$6,400	\$3,500 / \$8,750	\$3,200 / \$6,400
Office Visits Preventative Care Primary Care Physician / Specialist Diagnostic Lab / X-Ray Urgent Care Spira Care	Covered at 100% \$30 Copay \$60 Copay \$250 \$60 N/A	Covered at 100% \$30 Copay \$60 Copay Ded. then coin. \$60 N/A	Covered at 100% Deductible Deductible Deductible Deductible N/A	Covered at 100% \$30 Copay \$60 Copay \$250 \$60 N/A	Covered at 100% Deductible Deductible Deductible Deductible Deductible
Hospital Visits Inpatient Care (Facility / Physician) Outpatient Surgery Major Diagnostics & Imaging Emergency Room	\$400 per visit up to 5 \$400 per visit up to 5 \$250 \$300	Ded. then coin. Ded. then coin. Ded. then coin. \$250	Deductible Deductible Deductible Deductible	\$400 per visit up to 5 \$400 per visit up to 5 \$250 \$300	Deductible Deductible Deductible Deductible
Prescription Drug Tier 1 / 2 / 3	\$12 / 20% up to \$100 / 50% up to \$250	\$12 / 20% up to \$100 / 50% up to \$250	Deductible then 0%	\$12 / 20% up to \$100 / 50% up to \$250	Deductible then 0%
Copay Card Accumulator	Yes	Yes	Yes	Yes	Yes
Variable Copay Solution	Yes	Yes	No	Yes	No

For illustrative purposes only. Final benefit summary will be provided by BCBS of Kansas City.